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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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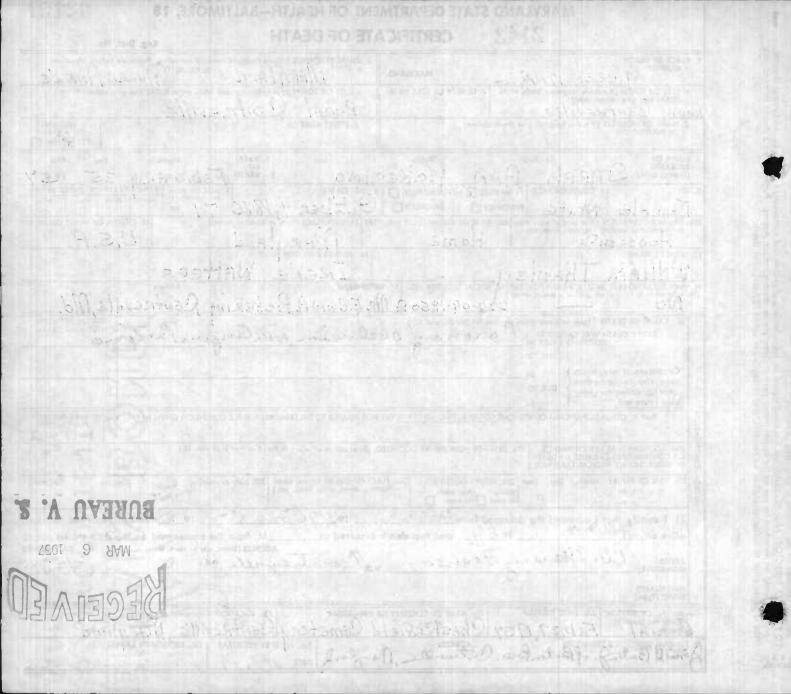
Z961

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY QUEEN ANNES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE  ORRY AND  DUEEN AND  S
b. CITY OR TOWN (If outside corporate limits, write RURAL oping give negrest town)  RURAL OPIN (IF outside corporate limits, write RURAL oping give negrest town)	c. CITY OR TOWN (Il putside carporate limits, write RURAL and give nearest tawn)  XIRURA  ENTREVIIIE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS -  e. IS RESIDENCE ON A EARM? YES NO
3. NAME OF DECEASED (Type or print) SARAH ANN PICKES	Lost 4. DATE Month Day Year OF DEATH FEBRUARY 25 1854
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manth   Days   Haurs   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	MARY AND U.S.A.
William Thawley	IRENE WAITERS
(Yes, no, or unknown)   (If yes, give war or dates of service)	REGININA PICKERING CENTREVILLE Md
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate caese (a), stating the under-lying couse last.  (b)  DUE TO  (c)	elusion week angua Partone
ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature af injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) clary, street, office bldg., etc.)
21. I certify that I attended the deceased fram 726 22 alive on Fab 22 1957, and that death ACTUAL SIGNATURE	n accurred atM, from the causes and on the date stated above.  ADDRESS (Street, city or tawn, state)  DATE SIGNED  ADDRESS (Street, city or tawn, state)  DATE SIGNED  2/2/2/5
PHYSICIAN'S NAME (Type)	
220. BURIAL CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY O CHESTER FIELD	A CEMETERY CENTREVILLE MARULANEL
2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 n by the funeral director, and 2 should be filed with may be retained by the haspital ar attending physician.

Second of the second of the second of the content of the attending physician and completely fill page. The place of the second of the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death. TO FU



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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